

I. PERSONAL INFORMATION

Name		Case No.		D.O.B.	
Mailing Address		City	State	Zip	Phone ()
Residence (if different from above)				Message Phone ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name (1)	Age	Relationship	Name (2)	Age	Relationship
Name (3)	Age	Relationship	Name (4)	Age	Relationship

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Work First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)	SUBTOTAL A			\$
Address				Phone

IV. ALLOWABLE EXPENSES

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs of Caring for Infirm Family Members	
SUBTOTAL B	

V. TOTAL INCOME

Total Monthly Income (A)
- Total Allowable Expenses (B)
= Total Income (C)

SUBTOTAL A \$ _____
SUBTOTAL B \$ _____
GRAND TOTAL C \$ _____

VI. ASSET INFORMATION

Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate/Home	Price:\$ _____ Date Purchased: _____ Equity: _____	
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct.#)		
Savings Acct. (Bank/Acct. #)		
Credit Union (Name/Acct.#)		
GRAND TOTAL D		\$ _____

VII. MONTHLY LIABILITIES/OTHER EXPENSES

Type of Liability	Amount
Rent/Mortgage	
Food	
Electric	
Gas	
Fuel	
Telephone	
Cable	
Water/Sewer/Trash	
Credit Cards	
Loans	
Taxes Owed	
Other	
GRAND TOTAL E	\$ _____

VIII. GRAND TOTALS

GRAND TOTAL C
(MONTHLY INCOME) _____
GRAND TOTAL D
(TOTAL ASSETS) _____
GRAND TOTAL E
(TOTALMONTHLY/LIABILITIES/OTHER EXPENSES) _____

IX. AFFIDAVIT OF INDIGENCE

I, _____ being duly sworn, say:

- 1. I am financially unable to retain private counsel without substantial hardship to me or my family.
- 2. I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
- 3. I understand that if it is determined by the county, or by the Court, that legal representation was provided to for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
- 4. I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised Code Sections 120.05 and 2921.13.
- 5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

Client's Signature Date

Notary Public:
Subscribed and duly sworn before me according to law, by the above named applicant
this ____ day of _____, 20____, County of Pickaway and State of Ohio.

Notary's Signature

X. JUDGE CERTIFICATION

I hereby certify that the above-noted client is unable to fill out and/or sign this financial disclosure/affidavit for the following reason: _____

I have determined that the applicant meets the criteria for receiving court appointed counsel.

Judge's Signature Date